

State of Utah  
Department of Public Safety  
**APPLICATION FOR BAIL ENFORCEMENT LICENSE**  
**INSTRUCTIONS**  
**NEW APPLICANT**



#### WHO MAY APPLY

You may apply for a bail enforcement license if you are:

- at least 21 years of age, and
- a citizen or legal resident of the United States, and
- of good moral character

#### WHERE TO APPLY

Bureau of Criminal Identification  
3888 W 5400 S  
Box 148280  
Salt Lake City UT 84114-8280

#### HOW TO APPLY

Complete the attached application by typing or clearly printing in ink. Attach all documentation required as outlined in the instructions. Every application must be signed and notarized prior to being submitted.

#### COST TO APPLY

- An application fee of \$250 for a Bail Enforcement Agency.
- An application fee of \$150 for a Bail Recovery Agent or Bail Recovery Apprentice.

The Bureau will accept cash, check or money orders payable to the "Utah Bureau of Criminal Identification". **DO NOT SEND CASH IN THE MAIL**

#### WHAT MUST ACCOMPANY THE APPLICATION

PHOTOCOPY OF YOUR DRIVERS LICENSE OR STATE ISSUED IDENTIFICATION CARD.

PHOTOGRAPHS: Two recent color photographs of passport quality, measuring 2"x2".

#### TRAINING:

Every applicant will be required to complete the bail enforcement training course. A copy of your course completion certificate must accompany this application. If you intend to carry a firearm while acting as a bail enforcement officer you must possess a valid Utah concealed firearm permit and complete an additional firearms training course approved by the Department of Public Safety.

#### FINGERPRINT CARDS:

A set of two applicant fingerprint cards. Cards can be obtained from the Bureau of Criminal Identification. Fingerprint cards must be filled out completely. Use black ink only. Writing and prints must be legible. Fingerprints should be taken by a trained fingerprint technician. Fingerprint cards that are not legible will be returned to the applicant which will cause a delay in the processing of the application. Fingerprinting services may be available from your local law enforcement agency. There are private businesses that offer this service. Check your local phone book. The Bureau does offer fingerprinting services.

#### DOCUMENTATION OF YOUR EXPERIENCE AND QUALIFICATIONS.

##### ► Bail Enforcement Agent

The applicant must submit documentation showing at least 2,000 hours of bail enforcement/recovery experience.

##### ► Bail Recovery Agent

The applicant must submit documentation showing at least 1,000 hours of bail enforcement/recovery experience. **A bail recovery agent may work as an employee of or as an independent contractor with a bail enforcement agency. A bail recovery agent may not directly provide services for members of the public. The applicant must provide an original signed letter from the bail bond company who intends to employ or contract with the applicant.**

##### ► Bail Recovery Apprentice

An applicant who does not meet the experience requirements listed above may apply for a bail recovery apprentice license. **A bail recovery apprentice must work under the direct supervision of a bail enforcement agent or bail recovery agent. The applicant must have a signed letter from the bail recovery agent who will provide the direct supervision. A bail recovery apprentice may not directly provide services for members of the public.**

**NOTE: All documentation shall be notarized and must include exact detail as to the nature of the experience. The total number of hours claimed must be verified, in writing, by the applicants employers. Use the experience verification form attached to this application. Attach additional forms as necessary.**

#### WORKERS COMPENSATION INSURANCE

If you are a bail enforcement agent who will employ a bail recovery agent or bail recovery apprentice, a current copy of your workers compensation insurance must accompany this application and the applications of your employees. This provision will not apply if the bail recovery agent or bail recovery apprentice is an independent contractor.

#### APPLICATION PROCESSING

- Once the Bureau receives your application, a background check will be conducted.
- The application will then be reviewed by the Bail Enforcement Recovery Licensure Board. The Board will approve or deny all applications.
- The processing of an application may take up to 90 days. To avoid delays, an applicant should submit complete and accurate information.

#### WARNING

***Falsification of any information in the application may result in denial or revocation of a permit and possible criminal prosecution.***

Applications will be accepted from 8:00 a.m. until 4:30 p.m. at the Bureau office. You may also apply by mail.

State of Utah  
Department of Public Safety  
**APPLICATION FOR BAIL ENFORCEMENT LICENSING**



Portions of this form may be filled out on your screen. Move the "hand" icon over the field to be filled in.  
When the hand turns into an "I" beam, you may type in your information. Hit "Tab" to move to the next field.

**Please read all instructions prior to completing this form. TYPE OR PRINT IN INK.**

Your application will ***not*** be processed unless this form is completely filled out, all applicable questions have been answered, and the required forms and documentation are attached. Submit the appropriate fee as indicated below. Checks and money orders must be made payable to "Utah Bureau of Criminal Identification". Please do not send cash in the mail. **FEES ARE NON-REFUNDABLE**

☐ **Bail Enforcement Agent \$250**

☐ **Bail Recovery Agent \$150**

☐ **Bail Recovery Apprentice \$150**

Are you applying for firearms authorization? ☐ Yes ☐ No. If "Yes" include the appropriate documentation with your application.

Note: If you are applying for a firearms authorization, you will need to obtain a Utah CCW permit

NAME \_\_\_\_\_  
(Last) (First) (Middle)

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

PREVIOUSLY USED NAME(s)(Maiden, etc.) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ DRIVER LIC#/STATE \_\_\_\_\_ / \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN? \_\_\_\_\_ IF "NO" ENTER YOUR ALIEN REGISTRATION# \_\_\_\_\_

**ALL APPLICANTS: Please answer "Yes" or "No" to all questions below. A complete criminal background check will be conducted. If you answer "Yes" to any question, attach documentation explaining your answer.**

- ☐ Yes ☐ No Have you ever been convicted of a felony?
- ☐ Yes ☐ No Have you ever been convicted of any act involving illegally using, carrying, or possessing a dangerous weapon?
- ☐ Yes ☐ No Have you ever been convicted of any act of violence or an act involving the threatened use of violence?
- ☐ Yes ☐ No Have you ever been convicted of any act constituting dishonesty or fraud?
- ☐ Yes ☐ No Have you ever been convicted of any act involving moral turpitude? (i.e., theft, shoplifting, sex crimes etc.)
- ☐ Yes ☐ No Have you ever been convicted of impersonating a peace officer?
- ☐ Yes ☐ No Are you currently on probation, parole, community supervision, or named in an outstanding arrest warrant?
- ☐ Yes ☐ No Are you currently employed as a peace officer or correctional officer either full time or part time?
- ☐ Yes ☐ No Have you ever been licensed, in another state or jurisdiction, to conduct bail enforcement work?
- ☐ Yes ☐ No If previously licensed, was disciplinary action ever taken against your license?

Provide the name, address and telephone number of the bail enforcement agency you will be working for. If you will be working for more than one agency, attach the additional agency information to this application. Agency applicants need to provide the name under which they will be conducting business, the physical mailing address and the telephone number of that business.

Agency Name \_\_\_\_\_ Is this your own agency? ☐ Yes ☐ No

Agency Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Mailing Address \_\_\_\_\_

List your five year residential and employment history. Attach the information if additional space is needed.

### FIVE YEAR RESIDENTIAL HISTORY

1.ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

2.ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

3.ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

### FIVE YEAR EMPLOYMENT HISTORY

1. CURRENT EMPLOYERS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

2. PREVIOUS EMPLOYER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. PREVIOUS EMPLOYER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Please read and sign the statement below. Your signature must be notarized to complete this form**

I, \_\_\_\_\_, hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statements herein, I am subject to the penalties prescribed by law. I do hereby authorize the release of any and all information in the possession of any individual, law enforcement agency, firm, partnership, and public or private corporation, necessary to determine the validity and appropriateness of my application. In so doing, I release, exonerate, and hold harmless, any such individual, law enforcement agency, firm, partnership, public or private corporation, the Utah Department of Public Safety, and the State of Utah, from any claim or cause of action which may or could result from the release of this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Task #	Description of Duties Performed	Hours of Experience
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

TOTAL HOURS ►

**INSTRUCTIONS:** Complete this form to document the experience you have had. This form must be notarized in the area provided. Also, a signed letter from each employer must accompany your application. The letter must verify the total number of hours worked for that employer. If additional space is required you may copy this form.

I, \_\_\_\_\_, hereby certify that the information contained in this document is true and correct to the best of my knowledge. I understand that if I knowingly make any false statements or provide false information, I am subject to the penalties prescribed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public